

California Compassionate Choices Act: Facts About AB 651 and Latino Support

Compassionate Choices Act Benefits Latino Californians & Receives Strong Latino Support

The California Compassionate Choices Act expands end of life choices and improves end of life care for ALL terminally ill patients, including Latinos, who are more likely to lack health insurance or access to medical care. Making this choice legal in California gives every terminally ill patient, regardless of race or economic status, access to quality end of life care, and the comfort and hope that comes with having a choice.

California Latinos support aid in dying 2 to 1

Like all ethnic groups in California, Latinos want terminally ill patient to have end of life choices.

- 65 percent of Latinos think incurably ill patients should be able to obtain life-ending medication
- 51 percent of Latinos want to have this option if they were terminally ill
(*The Field Poll, March 2006*)

Leaders of California's Latino Community Support Compassionate Choices for the Terminally Ill



"Currently, upper income patients have more end of life choices. California's low-income terminal patients should not have their options limited just because of their economic status. They should be given equal opportunity to choose

what is personally best for them. This bill will allow those of modest means the same access to end of life choices as the well-off."

Rev. Ignacio Castuera, St. John's United Methodist Church, Watts

"People of different faiths and beliefs can agree that life is sacred and should be respected and preserved as long as humanly possible. However, we can also agree that when death is imminent, it is entirely respectful to the sanctity of life to permit a person decide for himself or herself when and how they can end their pain in a dignified manner."

Rosalba Rodriguez de la Sierra, MD, San Diego



"Seniors who are faced with a terminal diagnosis deserve the dignity and self-empowerment to make their own end of life decisions without interference of the courts, political bodies or other institutions. Seniors need improved end of life choices. AB 651 secures the right of California's terminally

ill patients to have more choices and control at the end of life. Seniors, and all terminally ill Californians, deserve the peace of mind to know they will be able to make critical choices about their final days."

Hank Lacayo, State President, Congress of California Seniors



"AB 651 would strengthen protections for California's terminally ill, including the uninsured, by providing equal access to choices in medical care as they enter the final stage of their lives.

A law similar to the Act has greatly improved end of life care in the State of

Oregon, raised the quality of end of life medical treatment, and reduced disparities in care that currently exist. In a sensitive and thoughtful way, it protects vulnerable populations while giving individual patients control of their own end of life choices. This is an intimate personal decision made among a patient, family members and a doctor, and is of fundamental importance to Latinos and all Californians. MALDEF supports the Compassionate Choices Act."

Francisco Estrada, Director of Public Policy, Mexican American Legal Defense and Educational Fund (MALDEF)



Gloria Romero

"This is a very personal family matter, and we should respect people's private family decisions at the end of life. That's why I join the great majority of Californians in supporting the California Compassionate Choices Act,"
State Senate Majority Leader

"As physicians, it is our duty to listen to the concerns of patients, communicate their options, and honor their choices for end of life care including a full



commitment to the broad continuum of care, especially hospice and every modality of excellent palliative care. I join with the 70 percent of Californians who believe that terminal patients have a right to maintain their autonomy and have more end of life choices. I join with more than 1,500 California physicians who believe in the compassionate support of the dying patient as contained in AB 651. This bill is also supported by the American Medical Women's Association (AMWA) and the National Medical Students Association (NMSA)."

Dr. Alberto Manetta, Doctor of Oncology

"My wife, Margaret, 59, stopped eating and drinking when her symptoms from ALS became unbearable. Margaret died April 6, 2005, after 29 days without food and water. People shouldn't have to go through that kind of suffering. AB 651 will give terminal patients like my wife better end of life choices."

Joe Ramos, family member, Half Moon Bay

"Mi adorado compañero y amigo Mike, murió el 13 de noviembre de 2004 de cáncer. Si él hubiese tenido la oportunidad de terminar con su vida bajo la ayuda de un doctor, él hubiera evitado la desesperación y la pérdida de valor que caracterizó la agonía de sus últimos días. En mi opinión deberíamos usar como modelo la ley que nuestros vecinos en Oregon han ejercido para ayudar a muchos seres encontrar la paz y dignidad que buscan al morir."

Raquel Chantal, family member, San Diego

FAQ about AB 651

How would aid in dying affect Latino health care? Would it increase or decrease access to end of life care for Latinos?

Wouldn't people without health insurance be more likely to be pressured to choose assisted dying under this law?

No. People without health insurance are eligible for hospice care. There is no financial incentive for hospice to shorten a length of stay, as they are paid a daily rate.

The current underground, covert, illegal system is much more dangerous for poor people. An open system with state oversight, checks and balances and numerous safeguards, is the best way to protect vulnerable people. Studies show legalization reduces the numbers of hastened deaths and imposes safeguards that make it safe.

How many people without the ability to receive excellent end of life care have died invoking Oregon's law?

Not a single one.

But aren't low income patients more likely to choose assisted dying because of the high costs of health care?

Data from Oregon shows clearly that individuals with low incomes, like most terminally ill patients, rarely choose this option at the end of their lives, but derive comfort from having the choice. In any case, only those diagnosed with less than six months to live are eligible to make this choice.

Won't greedy HMO's and uncaring doctors use this Act as a way to make profits, by persuading patients to choose assisted dying rather than receive expensive care?

The safeguards built into AB 651 give patients sole control throughout the entire process and over their end of life choices. HMOs and doctors would have no power whatsoever to do anything except respect their patients' wishes. The choice is entirely the patient's.

HMOs have nothing to gain by coercing their members who are Medicare beneficiaries to use aid in dying - they are reimbursed for the beneficiaries' care by Medicare.

**California Compassionate Choices Act, AB 651
 Dignity, Freedom and Power for Everyone**

<http://www.CompassionateChoices.org/>